

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/18/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345565	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/29/2015
NAME OF PROVIDER OR SUPPLIER TRINITY ELMS			STREET ADDRESS, CITY, STATE, ZIP CODE 7449 FAIR OAKS DRIVE CLEMMONS, NC 27012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 156 SS=B	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal</p>	F 156		11/13/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/13/2015

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 156	<p>Continued From page 1 funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p>	F 156			

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F 156	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to insert the name and toll-free number of the Quality Improvement Organization on the Notice of Medicare Non-coverage for three of three residents (Resident #152, Resident #35 and Resident #21) reviewed for appropriate liability and appeals notice. The findings included: 1. A review of the Notice of Medicare Non-Coverage dated 9/14/15 for Resident #152 revealed the name and toll-free number of the Quality Improvement Organization was not inserted on the form. An interview was conducted with Administrative Staff #2 on 10/29/15 at 9:37 AM. She stated she thought the name and toll-free number of the Quality Improvement Organization was listed on the Notice of Medicare Non-Coverage form. She stated she expected the name and toll-free number of the Quality Improvement Organization to be listed on the Notice of Medicare Non-Coverage form. An interview was conducted with Administrative Staff #1 on 10/29/15 at 10:25 AM. Administrative Staff #1 stated she expected the name and toll-free number of the Quality Improvement Organization to be listed on the Notice of Medicare Non-Coverage form. 2. A review of the Notice of Medicare Non-Coverage dated 6/12/15 for Resident #35 revealed the name and toll-free number of the	F 156	The facility Bookkeeper corrected the Notice of Medicare Non-Coverage form template on 10-28-2015 to include the name of the Quality Improvement Organization (QIO) and their toll free number. Residents #152, #35, and #21 are no longer Medicare covered or appeal eligible. The Bookkeeper completed an audit on 10-28-2015 to determine if there were any current residents with a Notice of Medicare Non-Coverage presently issued to assure that the recipient received the corrected form that includes the Quality Improvement Organization name and toll free number. No residents were identified in this audit. On 10-28-2015, the Administrator inserviced the Bookkeeper and other Business office staff members on assuring that the template and any copies made of the Notice for Medicare Non-Coverage form always has the information inserted that the form directs; to include the facility name, Quality Improvement Organization, and their toll free number. The Business Office Manager or Receptionist will review all Notice of		

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F 156	<p>Continued From page 3</p> <p>Quality Improvement Organization was not inserted on the form.</p> <p>An interview was conducted with Administrative Staff #2 on 10/29/15 at 9:37 AM. She stated she thought the name and toll-free number of the Quality Improvement Organization was listed on the Notice of Medicare Non-Coverage form. She stated she expected the name and toll-free number of the Quality Improvement Organization to be listed on the Notice of Medicare Non-Coverage form.</p> <p>An interview was conducted with Administrative Staff #1 on 10/29/15 at 10:25 AM. Administrative Staff #1 stated she expected the name and toll-free number of the Quality Improvement Organization to be listed on the Notice of Medicare Non-Coverage form.</p> <p>3. A review of the Notice of Medicare Non-Coverage dated 6/11/15 and the Notice of Medicare Non-Coverage dated 6/29/15 for Resident #21 revealed the name and toll-free number of the Quality Improvement Organization was not inserted on the forms.</p> <p>An interview was conducted with Administrative Staff #2 on 10/29/15 at 9:37 AM. She stated she thought the name and toll-free number of the Quality Improvement Organization was listed on the Notice of Medicare Non-Coverage form. She stated she expected the name and toll-free number of the Quality Improvement Organization to be listed on the Notice of Medicare Non-Coverage form.</p> <p>An interview was conducted with Administrative Staff #1 on 10/29/15 at 10:25 AM. Administrative</p>	F 156	<p>Medicare Non-Coverage forms issued by the Bookkeeper to assure the form has the name of the Quality Improvement Organization and toll free number inserted as appropriate utilizing a "Notice of Medicare Non-Coverage QI Audit Tool" weekly for eight weeks. The Administrator will review the results of the "Notice of Medicare Non-Coverage QI Audit Tool" weekly for eight weeks to assure compliance is met in this area.</p> <p>The Administrator will submit the "Notice of Medicare Non-Coverage QI Audit Tool" results to the Executive Quality Improvement Committee monthly for two months to monitor the Performance Improvement Plan of Correction, make additional recommendations as appropriate to include additional follow up or monitoring , and assure continued compliance in this area.</p>		

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F 156	Continued From page 4 Staff #1 stated she expected the name and toll-free number of the Quality Improvement Organization to be listed on the Notice of Medicare Non-Coverage form.	F 156			